WRITE PLAINLY, WITH UNFADING INK.

OR

PLEASE TYPE

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2477

490	CERTIFICATE	OF	DEATH
400	CERTIFICATE	OT.	DEATH

			1
Reg.	Dist.	No.	51

Z.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY Cabrut MARYLAND	STATE Dod COUNTY Cabreet
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place)	OR A
2	X TOWN St. Leonardo Life	TOWN ST. Leonards X
Y	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
clearly	STREET ADDRESS	ADDRESS
	3. NAME OF (First) (Middle)	(Last)
death	DECEASED: a D A	(Last) 4. DATE (Month) (Day) (Year)
lea		urly DEATH: Mar 8, 1955
of c	RACE: / WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday if UNDER (YEAR IF UNDER 24 HRS. Months Days Hours Min.
	M (Specify): S Clar.	2 1886 yrs. Months Days Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	M. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
an	even if retired!	Cabe A Country?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
the		A MATTER S MATTER NAME:
te	Elbert Deverly	Jaura Cochrane
write	IS, WAR DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, give war or dates)	Rosa E. Smith - St. Leonards mel.
ease	18. MEDICAL CERTIFICAT	
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	420.1	Campain -
JS	IMMEDIATE CAUSE (A)	Commany Command
Physicians	ANTECEDENT CAUSE (S)	
ysi	DISEASES OR CONDITIONS, IF ANY, (B)	
Ph	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	<
	(c)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rt	TO THE DEATH BUT NOT RELATED TO THE	
οďι	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
H	TON DIVISION OF CHERATION	20. AUTOPSY7
DO		YES NO
especially	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
ds	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY While Not while	
S		2 5 55
age	22. I hereby certify that I attended the deceased from	, 19 , to , to , that I last saw the deceased
0.00	alive on , 19, and that death occurred at	M, from the causes and on the date stated above.
ct	SIGNATURE	ADDRESS DATE SIGNED
correct	M Collinson	.o. 5+ heman 3/9/55
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	TRY OR-GREMATORY LOCATION (City, town, or county) (State)
	Burial Mar 11, 1955 Waters in	Tenunes of 10 la 1 Crack Track
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
131	REGISTRAR NILL (1)	a. a your of a best of the

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BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMOR	E,	18	0247	8
2/01	CEL	RTIRICATE	OF	DEATH B		D'	5	-1

MARYLAND	STATE DEPARTMENT OF	HEALTH—BALTIMORE,	18 0247
2491	CERTIFICATE OF	P DEATH Reg.	Dist. No.
TH:	2. US	SUAL RESIDENCE (HOME) OF DEC	EASED:

	Cast opputitionity	Reg. Dist. No.		
5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
legibly	10 f			
60	COUNTY Lavrey MARYLAND	_ STATE & not country Calnest		
7	OR and kive nearest town) t LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)		
and	X TOWN Prince trederick I wk	TOWN Brance le Dand X		
	HOSPITAL OR	STREET (If rural give location)		
ırl	INSTITUTION OR OF A TO THE	ADDRESS		
les	DISTREET ADDRESS (abrect County Hickely)			
death clearly		Last) (4. DATE (Month) (Day) (Year)		
at	DECEASED: (Type or Print) Ruth Walrus	mable DEATH: may 3/ 1955		
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE			
of	RACE: WIDOWED, DIVORCED, (Specify)	Months Days Hours I Min.		
	Lavoured with	9.1887 6/ yrs. 11/2		
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	J. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
car	Jeven if regred: gay Singey	Port Parris D. 91 St. S. a.		
. 4	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
the	7 7 0 0 1 0	// > //		
write	1 uddevar			
vri	13. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give_yer or dates	17. INFORMANT & ADDRESS:		
Q)	of service) 40 157-09-8834	Charles E. Bird - Brome Island, hed		
pleas	18. MEDICAL CERTIFICAT			
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	420.1	H .		
S	IMMEDIATE CAUSE (A)	you melso		
Physicians	ANTECEDENT CAUSE (S)			
sic				
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO			
A	STATING UNDERLYING CAUSE LAST.	0000 6.80.6		
14.	(c)	arme wants		
tar	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
OL	DISEASE OR CONDITION CAUSING DEATH.			
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
·=7		YES NO T		
113	ACCIDENT WAS UNDERLYING TO LOT OF OUR OF ANY			
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,			
bec	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?		
υ ₀	M. at work at work			
- P 2/1/ J				
age	22. I hereby certify that I attended the deceased from	, 19. , to 2 /0/, 19 , that I last saw the deceased		
	alive on, 19, and that death occurred at	M, from the causes and on the date stated above.		
ect	SIGNATURE \	ADDRESS DATE SIGNED		
correct		o. Of report		
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)		
	Burnel ap. 4, 1955 St. Paulo	Cometeres Por Fordericks , and		
14.	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
	REGISTRAR A (1)	a a the the the track that		

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AND THE RESIDENCE OF STREET

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TYPE OR WRITE PLAINLY, WITH

PLEASE

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2479

2492

CERTIFICATE OF DEATH

			-1
Ree	Dist	No	51

2	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	
2	COUNTY Calment MARYLAND STATE and COUNTY Cal	nest
21	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL as	
3	OR and give nearest town) (In this place) OR	id give nearest wwith
8	X TOWN Prince Trederick Town Lusby	X
2	HOSPITAL OR INSTITUTION OR A A A A ADDRESS	/
6	GILSTREET ADDRESS (alrest August Hands	
3	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (D	ay) (Year)
3	DECEASED: OF	
100	5. SEX: 16. COLOR OR 7. SINGLE, MARRIED. 18. DATE OF BIRTH: 9 AGE last hirthday of suppose to	
	RACE: WIDOWED, DIVORCED,	The same of the sa
2	((specify): 5 Jan, 7, 1885 / 9 yrs.	
30	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS II, BIRTHPLACE (State or foreign country): 12.	ITIZEN OF WHAT
a l	even if rolled isecond = 14me West Point new York)	OUNTRY?
U	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: //	6,7,00
3	al la l	
271	15. WAS DECEASED EVEN IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
X	(Yes, no, or unk.) HY Yes, give war or dates	
D C	912 of service) 712 5/3-07-1128 Col. C. 9. Wilder - Luch	i, Red.
Tan I	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
<u>1</u> ,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	157 MMEDIATE CAUSE (A) CICENOSIE & Pancillo	4
TES	IMMEDIATE CAUSE (A) DUE TO	- morely
2	ANTECEDENT CAUSE (\$)	
2	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DIFE TO	
4	STATING UNDERLYING CAUSE LAST.	
ذ	(C)	TALK SOLANIEDS
T Carl	II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE	
10	DISEASE OR CONDITION CAUSING DEATH.	
H P	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	(20) 중 김 (20) [10] [10] [10] [10] [10] [10] [10] [10]	YES NO
5	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County	(State)
Secia	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?) (State)
63	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while	
מי	M. at work at work	
	22. I hereby certify that I attended the deceased from M., 1955, to Much 20, 1955, that I last	saw the deceased
50 X		
2	alive on Market 2955, and that death occurred at 95 M, from the causes and on the date s	
re	And significant	E SIGNED
10.7	23. BURLAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	county) (State)
	REMOVAL (SPECKY)	(State)
	Barral april 1955 Chreat Church Cem, Vort Republic	1 net
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

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OPATEDE A SECTION OF THE SECTION OF

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH_	-BALTIMORE	1
MUTHINIA	DIVID	TABLE TARRESTANT	OI.	CARACKIJA IA-	-DALLIMORD,	- 3.1

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18
2493 CERTIFICAT	E OF DEATH Reg. Dist. No. 257
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cabet MARYLAND	STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
OR and give nearest town (in this place) TOWN Sarature (in this place)	TOWN Barolow X
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) (First) (Middle) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Man, 55, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE; WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HAS.
(Specify): M Feb.	22,1880 75 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired:	Calort County 21.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME
Unale Ruelelow	Wennetto - Monnett.
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yesono, or unk.) (If Yes, give, war or dates of service) No	Clarence M. Gott-Barstow, Ind.
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Clanston ONSET AND DEATH
430 IMMEDIATE CAUSE (A) Claute	Monay
ANTECEDENT CAUSE (S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	Murawa Coa
STATING UNDERLYING CAUSE LAST. DUE TO	eacher Tate A
(c) 4 0°	my acerosom
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fa	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 , to 3/20, 19 7 that I last saw the deceased
alive on 3-2, 19, and that death occurred a	t / 30M, from the causes and on the date stated above.
SIGNATURE () DO	ADDRESS DATE SIGNED
V	M.D. STrem 3/ 00/00
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR JY W. Ward	a. a. Harboness & Son - Mutual, m

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DECEINED !

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()2481 eg. Dist. No. 51

2494	CERTIFICATE	OF	DEATH	Re
2434				

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY (Alvert MARYLAND	STATE MD COUNTY CAlvert
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunductand
HOSPITAL OR INSTITUTION OR CA locat County thespital	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) (Carl (Type or Print) Carl (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: March 3/ 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify): 319/2 April	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Sunderland, mD U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Folyand Holland	Lola Emereson
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Lola Wills - Sundexland, MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 919.6 IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	A fernouling
DISEASE OR CONDITION CAUSING DEATH.	word of went
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO NO
21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH OF INJURY street of the hard, (if either, notify medical examiner)	- I was
OF INJURY 3 20 5) 53 While at work at work	21F. YON DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 , to , 19 , that I last saw the deceased
alive on	7 24 0
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 3-21 55 77. Ho	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR ADDRESS

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MARILAND STATE DEFARIMEN	TOF HEALTH—BALTIMORE, 18 02482
2495 CERTIFICATI	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cabreet MARYLAND	STATE Med COUNTY Cabreet
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
TOWN ST. Desnardo (in this place)	TOWN St, Leonardo X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) /
3. NAME OF DECEASED: (Type or Print) Thomas (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: May, 29 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 12. 1860 95 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY; even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME!
Thomas Ranaw	mary Energline Sollers
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, ng, or unk.) (If Yes, give war or dates of service)	matoline Parray - St. Fernando Med
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
610 XIMMEDIATE CAUSE (A) Mreus	ua
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	also recurrent growth
STATING UNDERLYING CAUSE LAST. (C)	at maliquant)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N
	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF LACE (Home, farm, factor Contributing Cause of Death OF Injury street, office bldg. (If either, notify medical examiner)	, etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
22. I hereby certify that I attended the deceased from felt alive or March 29, 1955, and that death occurred at	70M, from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED.

SIGNATURE M. D. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

23. BURIAL, GREMATION, REMOVAL (SPEC(FY) REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

24.

FOR THE SECOND S

BUREAU V. S.

1)2483 STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Dog	Diet	No
ILCE.	DIST.	1100

1. PLACE OF DEATH.	2. USUAL RESIDENCE (I	IOME) OF DECEASED.		
COUNTY	STATE CO			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) (in this place)	OR <	week		
X TOWN Darstow	7	clow m.		
HOSPITAL OR	STREET	(If rural, give locat	ion)	
INSTITUTION OR STREET ADDRESS	ADDRESS			
3. NAME OF (First) (Middle)	(Last)	14. DATE (Month	(Day) (Year)	
DECEASED	(Last)	OF		
(Type or Print) Calherine	meth.	DEATH 3,	3) 1955	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH		under. I year If under 24 hrs.	
(WIDOWED, DIVORCED, (Specify)	7	7 6 yrs. M	onths. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		1 12. CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	Country?			
Donesha	maryland USA.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Leo. Telly	700	Know	~·	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	Ired, ma	
(Yes, no, or unknown) (If year, give war or dates of service)	Bontrice.	Smith, In.	Ired,	
Belvich				
18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH	
111124 11 1	1	0 1		
the the week of	celis vos was	of deserve		
Immediate cause (a)	alis vos mos			
Antecedent cause(s)				
American cause (s)	211-			
Diseases of conditions, it why,		100100		
giving rise to the above cause stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
IVA. DALL OF OTENANTALIAN				
	GYMY OD S	TOTAL COOL	W. C. N. C.	
	(CITY OR 7		Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(0222 032	(COL	Yes No No NTY) (STATE)	
SUICIDE OF office bldg., etc.)		(COC		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	HOW DID INJURY OC			
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While				
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED				
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OC	CUR?	INTY) (STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OC	CUR?		
BUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY Mork At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OC., 1947, to 3./3.	CUR?	last saw the deceased	
SUICIDE HOMICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from 1997, and that death occurred at	HOW DID INJURY OC., 1947, to 3.	CUR?	last saw the deceased ate stated above.	
BUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY TIME (Month) (Day) (Year) (Hour) OF INJURY Mork At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OC., 1947, to 3./3.	CUR?	last saw the deceased	
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SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 19	HOW DID INJURY OC., 1947, to 3, 3.	CUR?	last saw the deceased ate stated above.	
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SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on the superscript of the	HOW DID INJURY OF ADDRESS P.m., from the ADDRESS P.W. LULLY RY OR CREMATORY	cur? 1955, that I causes and on the de control (City, town, or	last saw the deceased ate stated above.	
SUICIDE HOMICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on the state of th	HOW DID INJURY OF	cur? 1955, that I causes and on the de control (City, town, or	last saw the deceased ate stated above.	



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2497 CERTIFICATI	E OF DEATH Reg. Dist.	No. 30
I. PLACE OF DEATH: COUNTY Rolling MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUN	
OR and give peacest town) TOWN CITY (If outside town or write PURAL LENGTH OF STAY (in this place)	CITY (If outside forpotate limits, write RURAI) or TOWN	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	1
3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Middle)	(Left) 4. DATE (Month) (Day OF DEATH: 3	(Year) 19_35
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, PLYORCED, (Specify L. L. P. C.	b y yrs.	ays Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer Tarming	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Heorge Benjamin Starkey St.	14. MOTHER'S MAIDEN NAME:	01 0
15 WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, of unk.) (If Yes give war or dates of aervice)	Magel Harrod	Plum Point
18. MEDICAL CERTIFICATION IN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Unantos	Interval Between Onset And Deat
Immediate cause Antecedent causes (s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last. (c)		A PAR
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing destructed	y up in close	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No No No
21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street OF office bidg., etc.)		STATE) /
TIME (Month) (Day) (Year) (Ilour) OF INJURY OCCURED While at Not While INJURY OCCURED While Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 19 and that death occurred at 4 (Degree or, title)	from the causes and on the date	
REMOVAL (Specify) 3/23/55 New Cen	retery Makanay City	(State) ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15

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DECENTED